

MAY 16 2005

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026096 7590 03/15/2005

CARLSON, GASKEY & OLDS, P.C.
 400 WEST MAPLE ROAD
 SUITE 350
 BIRMINGHAM, MI 48009

05/17/2005 AKELECH2 00000009 10701269

01:FC:1501	1400.00	OP
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Laura Combs	(Depositor's name)
<i>Laura Combs</i>	(Signature)
MAY 11, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/701,269	11/04/2003	James H. DeVore	60,446-246 (03ZFM011)	5005

TITLE OF INVENTION: VEHICLE TRANSMISSION SYSTEM WITH COAST CONTROLS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	06/15/2005

EXAMINER	ART UNIT	CLASS SUBCLASS
LEWIS, TISHA D	3681	477-118000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list <input type="checkbox"/> the names of up to 3 registered patent attorneys or agents OR, alternatively, <input type="checkbox"/> the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	Carlson, Gaskey & Olds
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		1. _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

ZF Meritor LLC

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Maxton, NC

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
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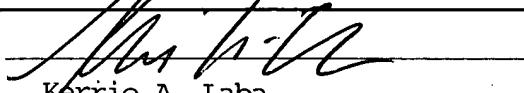
A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1482 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature


Date May 11, 2005

Typed or printed name

Kerrie A. LaBa

Registration No. 42,777

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